

ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 01 Issue 08

May 2001



Message from the Chief



I hope this newsletter finds you all well and preparing to enjoy some upcoming summer vacation plans with family and friends. During this month's issue of the AN newsletter, I would like to share with you an issue related to our central training budget. The Army Medical Department has been directed to take a decrement, this year, in their central training budget. This means that the Army Nurse Corps will share in the total budget decrement. There are never easy answers when dealing with budget reductions. I feel strongly that all of our programs are critical and necessary for the development of our officers. The bottom line is we needed to find a way to maintain our current programs within the constraints of the new budget.

Before initiating any decrements, I consulted many of our key leaders in the Army Nurse Corps. I received an overwhelming consensus on a proposal to adjust the cap on Long Term Health Education and Training (LTHET). We evaluated the cost of schools for the last five years to determine what the average tuition bill was for each school. We then determined the per semester cost to cover 80% of the schools that students historically attend. It was determined that a tuition cap of \$3,000 would cover the cost of 80% of the

schools. We have, therefore, decided to establish this cap in order for us to maintain the same number of students we send to LTHET each year.

In addition to evaluating cost, we also performed an analysis to determine the number of CEL 2 (Civilian Education Level, Masters) positions that we require in our force structure. This analysis was absolutely key for us to perform, as it validates our requirements for masters prepared nurses and therefore provides a framework to clearly justify our requirements to continue

to fund the appropriate number of LTHET positions we fund each year. Without the cap and the validation of CEL 2 positions, our funding levels for LTHET would be at significant risk.

COL Gustke and I have been briefing these changes to the field at the OBC, OAC, HNLDC, and ANLDC courses. We also briefed these changes at the MEDCOM Senior Leaders nursing breakout sessions. These changes will be annotated in the new LTHET guidelines. Anyone with specific questions in reference to a particular school should contact their branch manager, who will be happy to assist you in addressing your concerns. We feel this decision will provide a win-win situation for the Army Nurse Corps, enabling us to work within the budgetary constraints and still offer a significant number of opportunities for advanced education to our officers.

Ready, Caring, and Proud

Bill Bester
Brigadier General, AN
Chief, Army Nurse Corps

U. S. Army Nurse Corps Celebration on Capitol Hill

The Army Nurse Corps kicked off National Nurses Week with a cake cutting ceremony on Capitol Hill in honor of our centennial anniversary. BG Bester, LTG Peake and the Honorable Daniel K. Inouye provided remarks to 50 distinguished guests including the Honorable Ted Stevens, Chairman of the Senate Appropriations Committee, a W.W.II Army veteran, and the Honorable Jack Reed, a graduate of West Point who now serves as a member of the Senate Armed Services Committee.



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www.armymedicine.army.mil/ots/nurse/index.htm
ANC Branch PERSCOM:
www.perscom.army.mil/ophsdan/default.htm

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail to MAJ Ahearn. The deadline for all submissions is the last week of the month prior to the month you want the item published. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

Senator Inouye shared with the audience some of his personal recollections of Army nurses who cared for him during his 20-month hospitalization following severe combat injuries sustained in April 1945. He eloquently described how "his Army nurses" pulled him through one of the greatest challenges of his life--learning to function with only one arm. Inouye spoke from the heart as he described one of his favorite Army Nurses who hailed from Eagle Pass, Texas. He recounted her combination of compassion and tough love, which taught him to care for himself and begin the process of healing, and moving on with life. Senator Inouye added, "It was the nurses who were with me 24 hours a day over the course of my hospitalization. I saw the doctor once a week. I thank Army nurses for getting me to where I am today."



May 6th – 12th, 2001, Army nurses; NCOs, Soldiers and our Civilian Workforce celebrate with our nursing colleagues around the world the fact that "*Nurses are the True Spirit of Caring.*" While in our daily service to our patients and their families we clearly demonstrate how the profession of nursing improves the health of the world's people. National Nurses Week celebrations are an opportune time to showcase nursing's myriad contributions to our elected officials, medical team colleagues, and within our communities.

"Let us turn our attention to the countless nurses who remain unknown: the nurses who provide direct care in all manner of facilities through wars, epidemics, and disasters. These are the nurses who comprise the essential parts of our profession who deserve recognition on this day," Nettie Birnbach RN.

God Bless each of you and our chosen professions of soldiering and nursing.

MAJ Debora R. Cox
AN Historian and Deputy Chief,
Office of Medical History
Office of the Surgeon General

PERSCOM

AN BRANCH PERSONNEL E-MAIL ADDRESSES

Please note that our e-mail addresses are still not linked up to the MEDCOM e-mail address list. We are getting numerous calls from the field about "undeliverable" messages when they try to send us e-mail messages. Our e-mail addresses are as follows:

COL Feeney-Jones: feeneys@hoffman.army.mil
LTC Haga-Hogston: hagas@hoffman.army.mil
LTC Eckert: eckertt@hoffman.army.mil
LTC: Hough: houghc@hoffman.army.mil
LTC Ross: rossa@hoffman.army.mil
MAJ(P) Grimes: grimess@hoffman.army.mil

MAJ Merna: mernac@hoffman.army.mil
MAJ Lang: langg@hoffman.army.mil
CPT Gahol: gaholp@hoffman.army.mil
Mr. Baker: bakerj1@hoffman.army.mil
Ms. Bolton: boltonv@hoffman.army.mil
Ms. Walton: waltonj@hoffman.army.mil

DO WE HAVE A DEAL FOR YOU

The Korea mission is a yearly fill for all branches of the AMEDD and especially the Army Nurse Corps. Approximately 90% of the 85 authorizations must be filled each year. Those officers interested in a Korean tour please call your branch manager. Additionally, a return assignment can be negotiated depending on location and availability of your specific AOC. Korea is a great assignment and fulfills the one-year OCONUS tour.

MORE IS NOT BETTER

AN Branch began removing specific AOCs and SSIs from Officer's records this month. If you have not worked in your specific SSI or AOC in the last five years the Skill Identifier will be removed from TOPMIS and not reflected on your ORB. Some officers have multiple SSIs, which presents incorrect information for those counting the number of officers working in specific AOC/SSIs. For example a 66F should not have the 66H8A on their record, this information will be reflected in Section VI on the ORB, military education, if they attended the ICU course. The quality of AN data must be clean and accurate since a variety of individuals can pull AOC/SSI numbers from MODS or TOPMIS. Please contact your assignment monitor if you have questions. If you have specific question in reference to your AOC/SSI please call your Branch manager.

LTHET guidelines are on the Army Nurse Corps WEB Site so please take time to read them and understand the graduate/doctoral school requirements. An additional requirement will be added for those applying summer of 01.

For those officers in an USAR status and cannot pay back their school obligation by year 20 (mandatory retirement) should apply for RA. The RA guidelines are listed on PERSCOM on line with a due date of 8 June 01. MAJ (P) Grimes will be contacting officers that fall into this category. Again if you have questions please call the education desk, AN Branch.

Upcoming FY 01 and FY 02 Boards

15-22 May 01	MG/BG AMEDD
05-22 Jun 01	Senior Service College
10-20 Jul 01	COL AMEDD & RA Selection
10-27 Jul 01	Command & General Staff College
02-12 Oct 01	MAJ AMEDD
27 Nov-07 Dec 01	LTC AMEDD Command
05-14 Dec 01	COL AMEDD Command
12-22 Feb 02	LTC AMEDD
05-15 Mar 02	CPT AMEDD & VI
14-21 May 02	MG/BG AMEDD
04-21 Jun 02	Senior Service College
09-19 Jul 02	COL AMEDD & RA Selection
09-26 Jul 02	Command & General Staff College

See PERSCOM Online (www.perscom.army.mil) for MILPER messages and more board information.

FY01 AMEDD Colonel Promotion Board (MILPER Message # 01-114)

Convene and Recess Dates: 10 July 2001

Zones of Consideration:

LTC DOR: Above the Zone: 01 Jul 96 and Earlier
 Primary Zone: 02 Jul 96 thru 01 Oct 97
 Below the Zone: 02 Oct 97 thru 01 Sep 98

OERs to PERSCOM: due NLT 03 July 2001

Required "Thru Date" for Promotion Reports (Code 11) is 04 May 2001

Required "Thru Date" for Code 21 Complete the Record OERs: 04 May 2001 (BZ eligible officers are not eligible for "Complete the Record" OER)

Letters to the President of the Board: due NLT 10 July 2001

POC is CPT Bob Gahol, AN Branch, PERSCOM, DSN 221-8124 / (703) 325-8124 or gaholp@hoffman.army.mil

FY 01 Senior Service College (SSC) Selection Board (MILPER Message # 01-086)

Convene and Recess Dates: 05 - 22 June 2001

OERs to PERSCOM: due NLT 29 May 2001

Required "Thru Date" for Code 21 Complete the Record OERs: 30 Mar 2001

Letters to the President of the Board: due NLT 05 Jun 2001

Requests for additional eligibility are due to PERSCOM: NLT 04 May 2001

FY01 Command and Staff College (CSC) Selection Board (MILPER Message # 01-119)

Convene and Recess Dates: 10 - 27 July 2001

OERs to PERSCOM: due NLT 03 July 2001

Required "Thru Date" for Code 21 Complete the Record OERs: 04 May 2001

Letters to the President of the Board: due NLT 10 July 2001

FY01 AMEDD Regular Army (RA) Selection Board (MILPER Message # 01-110)

Convene: On or about 19 July 2001

Application Forms must be dated no earlier than 08 Mar 01 and NLT 08 Jun 01

OERs to PERSCOM: due NLT 03 July 2001. "Thru Date" for RA Appointment Reports will be the date of application

Complete the Record OER is not authorized.

POC for RA Applications is Ms. Norris, DSN 221-3759 / (703) 325-3759

Details of the Board MILPER Messages are now available online. To access the messages, go to PERSCOM online (www.perscom.army.mil), double click "Hot Topics", then select MILPER Messages.

Army Nurse Corps Branch Web Page

The following information is available through the Army Nurse Corps Branch Web Page: LTHET Guidelines, the Army Nurse Corps Lifecycle Model, White House, Congressional and Training With Industry (TWI) Fellowships and other important 'personnel' types of

information. You may access our web page through PERSCOM ON LINE, through the Army Nurse Corps Homepage or through direct access. The direct address for our web page is:

www.perscom.army.mil/ophsdan/default.htm AN Branch Web Page.

Correct Address on Your ORB

As frequently mentioned in this newsletter and during AN Branch briefings, officers are again reminded of the critical importance of updating your home address on your ORB. The Army and Army Nurse Corps Branch send critically important information to our officers. Recently, we sent letters to all officers in the zone of consideration for promotion to LTC. The officers who do not have correct addresses on the ORB will not receive these letters. Please take a moment to stop by your PAC/PSB and ensure you have updated your address.

E-mail addresses may now be included in the ORB. Please provide only the appropriate e-mail addresses in your record.

9A Proficiency Designator Selection Board

The FY 01 Army Nurse Corps "A" Proficiency Designator Selection Board will meet in late August 2001. Qualified officers should apply in accordance with the information paper located on the AN Branch, PERSCOM web page at www.perscom.army.mil/ophsdan/default.htm. Hard copy LOI will not be sent to the field.

The 9A Proficiency Designator is awarded to few senior Army Nurse Corps officers and is a testament to the officer's status as an expert Army Nurse and leader in nursing. Nominations MUST arrive at AN Branch, PERSCOM by 20 July 2001. **Point of contact is MAJ Gary Lang at 703-325-3693 / DSN 221-3693 or email at langg@hoffman.army.mil**

LTHET Guidelines

The LTHET Selection Board for 2002 convenes July 2001. The 2002 LTHET Guidelines for MSN/Ph.D., Baylor and Anesthesia Nursing may be found on the AN Branch, PERSCOM web site at the following addresses:

Anesthesia: www.perscom.army.mil/ophsdan/defaultanesth.htm

Baylor HCA: www.perscom.army.mil/ophsdan/defaultbaylor.htm

MSN/Ph.D.: www.perscom.army.mil/ophsdan/defaultmsn.htm

If the 2001 instead of 2002 LTHET Guidelines pull up, try the following:

Click on -- "Tools" -- "Internet Options" -- "Delete" -- exit from guidelines, then re-enter to find 2002 LTHET Guidelines. If this fails, contact your local IMO for assistance.

Officers applying to begin school in the fall of 2002 may begin the application process at any time. However, **meeting the following deadlines is critical to the LTHET application process:**

15 March 2001	Notice of Intent to Apply to LTHET due to AN Branch
15 March 2001	Waiver requests due to AN Branch
15 April 2001	Transcripts sent to Baylor University for Baylor HCA applicants
01 May 2001	USUHS applications due to USUHS for FNP and Anesthesia applicants
01 June 2001	UTHHSC applications due to UTHHSC for Anesthesia applicants
01 June 2001	LTHET application due to AN Branch, PERSCOM

For questions related to the LTHET process, contact your local Hospital Education Chief or the Education Management Officer at AN Branch, PERSCOM, MAJ Gary Lang at 703-325-3693, DSN 221-3693 or email langg@hoffman.army.mil

LTHET TUITION CAP ESTABLISHED FOR 2002 SCHOOL STARTS

Due to LTHET budget constraints, officers selected for long term civilian training to begin school in the fall of 2002 (from the LTHET Selection Board in July 2001), now fall under the newly established LTHET semester/quarter tuition cap. The new tuition cap is as follows:

Per semester	\$3,000
Per quarter	\$2,250

Officers must pay any tuition or associated costs billed by the school in excess of the Army Nurse Corps tuition cap directly to the school. Questions related to the LTHET tuition cap may be directed to MAJ Gary Lang 703-325-3693 or email at langg@hoffman.army.mil

Transcript Updates

LTHET Transcripts: Before sending transcripts intended for LTHET application packets, please make sure you have forwarded the "Notice of Intent to Apply to LTHET" to AN Branch.

Transcripts intended to update the ORB and microfiche: All transcripts must be forwarded directly from the school to AN Branch, PERSCOM. Transcripts received from the officer in the sealed school envelope are also acceptable. Have transcripts mailed to:

COMMANDER, PERSCOM
TAPC-OPH-AN, ROOM 9N47 (MAJ Lang)
200 STOVALL STREET
ALEXANDRIA, VA 22332-0417

KUDOS to All Officers Going to School Part Time

We at AN Branch recognize the amount of hard work, dedication, and initiative it takes to pursue your master's degree on a part time basis, while working full time as an Army Nurse Corps officer. Your efforts contribute to making the Army Nurse Corps one of the most highly educated groups of nurses in the country. Please contact your PMO, via e-mail, to let us know about your program of study. **This is especially important if you are pursuing graduate work that may lead to changing your AOC/ASI.** We need this information so we can work with you to plan for your future assignments, especially if you expect to be assigned in a different AOC/ASI in the future.

Tuition Assistance (TA)

Tuition Assistance (TA) is offered through the Army Continuing Education System. This is a wonderful benefit for those motivated AN officers pursuing additional education. If you elect to take advantage of this program, remember **there is a two-year active duty service obligation incurred with the use of TA.** This is agreed upon when you sign DA Form 2171 (Application for Tuition Assistance). AR 621-5 states "Commissioned officers must agree to remain on active duty for at least **2 years after completion of the course** for which TA is provided unless involuntarily separated by the Army before that time (10 USC 2007). Officers who fail to meet this requirement because they voluntarily separate or are discharged for misconduct before they complete their service TA commitment are required to reimburse the Army the amount of TA that represents the un-served portion of the 2-year obligation as agreed upon by signing the DA Form 2171 (Application for Tuition Assistance--Army Continuing Education System)". **Currently, officers are being held to the two-year active duty service obligation and not given the option to reimburse the government for monies received.**

AN Branch Courses

MAJ Gary Lang, AN Branch, manages seating for the following courses. Officers may not register themselves for these courses. Registration must go through the Chief Nurse (CN) or Hospital Education Chief's office to AN Branch. The HNLDC registration goes through the MTF Chief Nurse to the Regional Chief Nurse.

- 6F-F3 **AMEDD Head Nurse Leader Development Course (HNLDC) (SA, TX)**
(next available courses are ; 10 – 22 Jun 01; 12 – 24 Aug 01)
Seat allocations limited. Officer must be selected through the Regional Chief Nurse.
 - Regional Chief Nurse may register officers by email with name/rank/SSN
- 6F-F2 **AMEDD Advanced Nurse Leadership Course (ANLC) (SA, TX)**
(All courses **CANCELLED** through end of fiscal year)
- 6A-C4 **Combat Casualty Course (C4) (FSH, TX)**
next available courses are : 10 – 18 May 01;
7 – 15 Jun 01;
13 – 21 Sep 01
 - CN or Hospital Education Chief may register officers by email with name/rank/SSN
- 6A-C4A **Joint Operations Medical Managers Course (formerly Combat Casualty Management) (FSH, TX)**
(next available courses are 22 – 29 Jun 01 & 26 Oct – 02 Nov 01)
*PLEASE NOTE – THESE ARE REVISED DATES
 - CN or Hospital Education Chief may register officers by email with name/rank/SSN
- 6H-F26 **Med Defense Against Biological/Warfare & Infectious Disease (Ft Detrick) and Medical Management of Chemical Casualties (USAMRICs, MD)**
next available class is 04 May – 11 May 01; (take with 6H-F25)
14 – 21 September 01 (take with 6H-F25)
** DA 3838 required NLT 45 before the start of the course
- DNWS-R004 **Emergency Hazards Response Course (formerly Radiological Hazards Training Course) (Kirkland AFB, NM)**

<u>Class #</u>	<u>Report Date</u>	<u>Start Date</u>	<u>End Date</u>	<u>Seats per class</u>
002	16 Sep 01	17 Sep 01	21 Sep 01	7

A DA 3838 is necessary to request this course and must be submitted NLT 45 days before class start date. To be eligible for the course, applicants are required to have a "Secret" security clearance. POC at AN Branch is MAJ Gary Lang at DSN 221-3693.

FY 2002 White House Fellowship

Applications due 7 September 2001

The President's Commission on White House Fellows annually selects exceptionally promising individuals from all sectors of American life to serve as White House Fellows. The purpose of the White House Fellowship is to provide gifted and highly motivated young Americans some first hand experience in the process of governing the nation and a sense of personal involvement in the leadership of society. Fellows write speeches, help review and draft proposed legislation, answer congressional inquiries, chair meetings, conduct briefings, and otherwise assist high-level government officials. Fellows are assigned to work with senior White House officials, cabinet secretaries, or other deputies. In the past, fellows have worked for the Vice-President, The White House Chief of Staff, and the National Security Council. **Deadline for application to Army Nurse Corps Branch, PERSCOM is 7 September 2001**

The White House Fellowship is a highly competitive process. AMEDD officers must meet the following criteria: have received permission to compete from their Personnel Management Officer (PMO) at AN Branch; US citizen; less than 5 years and not more than 17 years active federal commissioned service (AFCS) at the beginning of the fellowship in September 2002; not competing for any other Army sponsored program, fellowship or scholarship; be able to complete a full fellowship and 2 years follow-on assignment; have no adverse actions pending, meet army height/weight and PT requirements; be PCS vulnerable; completion of Officer Advanced Course; have a graduate degree; not completing a utilization tour for civilian education (if the officer is completing a utilization tour must complete prior to the start of the fellowship). Officers must have an outstanding performance records.

Application Packet: (DUE IN AN BRANCH NLT 7 September 2001)

1. Completed DA 4187 (Personnel Action) through the local chain of command to AN Branch, PERSCOM. The form must include endorsement by the officer's chain of command. Verification of height/weight/PT MUST be addressed in a separate memo signed by the officer's Commander. Mail application to: CDR, PERSCOM, ATTN: TAPC-OPH-AN (room 9N47) ATTN: MAJ Grimes, 200 Stovall ST., Alexandria, VA 22332-0417
2. Current curriculum vitae (CV)
3. Letter of recommendation from Chief Nurse
4. Signed ORB (obtain from your local PAC, review, then forward with your packet)
5. Officers applying must have a current digital photo and college transcripts on file at AN Branch.

MAJ Gary Lang is the POC for this fellowship and may be reached at DSN 221-3693, commercial 703-325-3693 or email langg@hoffman.army.mil

FY 2002 CONGRESSIONAL FELLOWSHIP

Applications due 7 September 2001

The U.S. Army Congressional Fellowship program is designed to provide congressional training to top Army officers beginning August 2002 through December 2003. Fellows will begin the fellowship by attending the Force Integration Course held at Fort Belvoir, Virginia from August to December 2002. Fellows typically serve as staff assistants to members of Congress. Fellows are given responsibilities for drafting legislation, arranging congressional hearings, writing speeches and floor statements, and briefing members for committee deliberations and floor debate. **Deadline for application to Army Nurse Corps Branch, PERSCOM is 7 September 2001.**

Eligibility: Request and receive permission to compete from officer's Personnel Management Officer (PMO); have accrued active federal commissioned service of not more than 17 years as of 1 January 2002; not be competing for any other Army sponsored program, fellowship or scholarship while competing for the fellowship; have no adverse actions pending; must not be serving in or owe a utilization assignment; meet army height/weight/APFT requirements; have potential for future military service; meet the two-year time on station requirement at the start of the fellowship; be a CSC graduate (resident/non-resident); hold the rank of MAJ or LTC.

Application Packet: (DUE TO AN BRANCH NLT 7 SEPTEMBER 2001)

1. Completed DA Form 4187 (Personnel Action). The form must include endorsement by the officer's command and the officer's height/weight/APFT verified by the command annotated in the remarks section. Mail application to CDR, PERSCOM, ATTN: TAPC-OPH-AN, Room 9N47 (MAJ Grimes), 200 Stovall Street, Alexandria VA 22332-0417
2. Current curriculum vitae (CV)
3. Letter of recommendation from Chief Nurse
4. Signed ORB (obtain from your local PAC, review, sign and forward with your packet)
5. Officers applying must have a current digital photo and official college transcript on file at AN Branch.

MAJ Gary Lang is the POC for this fellowship and may be reached at DSN 221-3693 or commercial 703-325-3693 or email at langg@hoffman.army.mil

FY 2002 TRAINING WITH INDUSTRY (TWI)**Applications due: 1 November 2001 (revised date)**

Two qualified officers will be selected for the FY 2002 Training With Industry Fellowship. These officers will get firsthand experience in the private sector, while gaining managerial techniques and skills for application in the AMEDD. All programs are graduate-level and non-degree producing. Selected officers will begin their fellowship late summer of 2002 and then complete a follow-on utilization tour beginning the summer of 2003. The TWI fellowship will not exceed 12 months in length. Applicants incur an active duty service obligation (ADSO) of three years for the first year of training or any portion of the training.

Following are the two **projected** TWI sites for FY 2002. TWI opportunities are open to all AOC/ASI's.

Healthcare Finance Administration (HCFA), Baltimore, Maryland

Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Chicago, Illinois

Eligibility: The TWI Fellowship is highly competitive. ANC officers must meet the following criteria: Master's degree; completion of CGSC; at least eight years but not more than 17 years active federal service (AFS); two years time on station at the start of the program or completion of an overseas tour; not competing for any other Army sponsored program, fellowship, or scholarship; be able to complete a full utilization tour following the fellowship; no adverse action pending; meet the Army's height/weight/PT requirements; be PCS vulnerable; and the rank of MAJ or LTC. Officers must have an outstanding performance record.

Application Process:

1. The interested officer requests and receives permission to apply from their Chief Nurse and their Personnel Management Officer (PMO), AN Branch, PERSCOM.
2. Officer submits an application packet **NLT 1 November 2001 (revised date)** that includes:
 - a. The completed DA FORM 4187 (Personnel Action) through the local chain of command to AN Branch, PERSCOM. The form must include endorsement by the officer's chain of command.
 - b. Verification of height./weight/PT MUST be addressed in a separate memo signed by the officer's Commander.
 - c. Current curriculum vitae (CV)
 - d. Letter of recommendation from the Chief Nurse
 - e. Statement of Professional Goals and Objectives from the officer
 - f. Signed ORB (obtain from your local PAC, review, then forward with your packet)
 - g. Completed DA Form 1618-R.
3. Officer must have a current digital photo and BSN and Masters transcripts on file at AN Branch, PERSCOM.
4. The PMOs in AN Branch will screen the application for competitiveness and suitability for the program, after which the application will be reviewed with the Chief, Army Nurse Corps for final selection and approval of the TWI participants. Applicants, once approved, will have a contract established with the civilian organization.
5. Mail the completed application to: CDR, PERSCOM, ATTN: TAPC-OPH-AN, RM 9N47 (MAJ Grimes), 200 Stovall Street, Alexandria, VA 22332-0417
6. POC for the TWI Fellowships is MAJ Gary Lang, Education Management Officer, AN Branch, PERSCOM at DSN 221-3693 or commercial 703-325-3693 or email at langg@hoffman.army.mil

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to be able to pass the course.

Captain's Website

A "Captain Retention" Website has recently been loaded onto PERSCOM ON LINE. The Website has been developed and written by Captains assigned to PERSCOM and contains information of interest to and specific for Captains. You may find that some of the information does not apply to you as an ANC officer but please take a minute to review this interesting website. It is located at:

<http://www.perscom.army.mil/OPcptRet/homepage1.htm>

Officer Advanced Course

Officers need to have completed OAC before the Major's board. CPT Gahol at AN Branch schedules officers for Phase II of OAC once the officer has completed Phase I. Below is the list of OAC class dates for FY 01&02. **Please note of the date changed in OAC Phase II.** Seats are limited so please plan accordingly.

Class #	Report Date	Start Date	End Date
031	15 Jul 01	16 Jul 01	21 Sep 01
041	30 Sep 01	01 Oct 01	13 Dec 01
012	06 Jan 02	07 Jan 02	15 Mar 02
022	24 Mar 02	25 Mar 02	31 May 02
032	07 Jul 02	08 Jul 02	13 Sep 02

042	22 Sep 02	23 Sep 02	05 Dec 02
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Send a copy of DA3838 and OAC Phase 1 Certificate of Completion to CPT Gahol at AN Branch (fax is OK). The chief nurse or designee must sign DA 3838. Officer must not be on temporary profile, have met HT/WT standards and have passed the most recent APFT before attending Phase II. In addition, include the name, e-mail address and telephone number of the MTF's OAC coordinator. The OAC letter will be sent through your facility's OAC coordinator.

OAC Phase II Enrollment Cancellations

Officers wishing to cancel their enrollment from OAC Phase II must submit a letter thru their chief nurses or Education Coordinators NLT 2 weeks before the course starts. Send the letter to CPT Gahol. Please note that officers that cancelled without adequate notice will be considered as "No Shows".

CGSC and CAS3 through the Reserves

Taking **CGSC** and **CAS3** through the **Reserves** has become very popular and classes do fill quickly at the more popular locations and times. Please plan early--send your completed 3838s, signed by your respective chain of command, and fax to **LTC Eckert** at **DSN 221-2392**, com. **703-325-2392**. Respective POCs for specific ATRRS and class related questions are:

CGSC by Reserves—Ms Jennifer West **DSN 221-3159**

CAS3 by Reserves—Ms Jennifer West **DSN 221-3159**

CAS 3 Information on Line

Information for the Reserve Component (RC) CAS3 can be found on PERSCOM ON LINE. The web address is WWW-PERSCOM.army.mil. Use the SEARCH option listed in the main menu and type in RC-CAS3, press enter. The information pertains to AD officers attending Reserve Component CAS3. Points of contact (POC) for specific reserve component regions are listed. Ms Jennifer West (DSN 221-3161) is an additional POC for specific questions relating to CAS3. LTC Ted Eckert (eckertt@hoffman.army.mil) is the AN Branch POC.

CGSC Information on Line

Information for CGSC and CAS3 can be found on line. The web address is WWW-CGSC.army.mil.

Ms. Jennifer West (DSN 221-3159) is an additional POC for specific questions relating to CGSC. Please do not attempt to register on-line. Registration for CAS3 and CGSC must be processed through your respective local training chain of command. LTC Ted Eckert (eckertt@hoffman.army.mil) is the AN Branch POC.

Generic Course Guarantee

Thanks to all Chief Nurses, Section supervisors, Head Nurses and Nursing education personnel who assist officers with the Generic Course Guarantee (GCG) in specifying the course they would like to attend as well as assisting officers with the course application process. Specification by the officer is to be done within the first year on active duty. Officers with Generic Course Guarantees need to plan to attend and complete the course of their specification with enough time remaining on active duty (incur a one year Active Duty obligation (ADSO) for attendance/completion of AOC/SSI producing course) before their ETS date. Additionally, I will continue to send out quarterly reminders to Chief Nurses on officers with outstanding GCG specifications. This reminder will state when the officer needs to specify their course and the time frame in which the officer needs to attend the course. Chief Nurses must be proactive and plan for course attendance for these officers (which in many cases will mean a loss of that officer to the organization). However, AN Branch reserves the right to direct officers to courses based on the availability of class seats and Army Nurse Corps needs. If you have any questions, please call LTC Charly Hough at (703) 325-2398 or DSN 221-2398 or e-mail at hougch@hoffman.army.mil.

AOC/ASI Producing Courses

We have had tremendous response from folks applying to our AOC/SSI producing courses, particularly to the Critical Care, OB-GYN and the Perioperative Nursing course. Keep up the great work! However, the Psychiatric/Mental Health Course has not had the same level of enthusiastic response. If you would like to experience psychiatric nursing you are encouraged to apply for this TDY course which is now held at WRAMC in Washington DC. We are still looking for a "few good nurses" to attend our AOC/ASI producing courses! Please contact your Chief of Hospital/Nursing Education ASAP if you are interested in attending any of these courses.

We have changed a few things in AN Branch in order to streamline operations!! Continue to send your applications to AN Branch but send to attention of the following Personnel Management Officers (PMOs). LTC Ted Eckert, 66E & 66F PMO, manages the Perioperative Nursing Course. LTC Angela Ross, 66H8F, 66H8G & 66C PMO is the point of contact for the Psychiatric Nursing, OB/GYN, and Community Health Nursing Courses. LTC Charly Hough, 66H (LT) is the point of contact for the Critical Care Nursing Courses and the Emergency Nursing Courses. Please note that even if an application lands on the wrong desk, we will ensure it gets to the right staff officer for processing.

Please note FY02 AOC/ASI Course dates:

AOC/ASI COURSE	LOCATION	REPORT DATE	START DATE	END DATE	APPLY BY
Critical Care Nursing	BAMC	26 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	BAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
	MAMC	25 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
	MAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	MAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
	WRAMC	26 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
	WRAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	WRAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
Emergency Nursing	BAMC	26 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	24 AUG 01
	BAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02
Psychiatric Nursing	WRAMC	26 AUG 01	27 AUG 01	20 DEC 01	25 APR 01
	WRAMC	06 JAN 02	07 JAN 02	26 APR 02	06 SEP 01
	WRAMC	19 MAY 02	20 MAY 02	10 SEP 02	19 JAN 02
OB/GYN Nursing	TAMC	26 AUG 01	27 AUG 01	20 DEC 01	19 MAR 01
	TAMC	24 FEB 02	25 FEB 02	14 JUN 02	24 SEP 01
	TAMC	07 JUL 02	08 JUL 02	29 OCT 02	07 FEB 02
Perioperative Nursing	MAMC	20 MAY 01	21 MAY 01	14 SEP 01	11 DEC 00
	MAMC	14 OCT 01	15 OCT 01	22 FEB 02	04 JUN 01
	MAMC	17 MAR 02	18 MAR 02	10 JUL 02	12 OCT 01
	MAMC	28 JUL 02	29 JUL 02	20 NOV 02	15 FEB 02
	WBAMC	15 JUL 01	16 JUL 01	2 NOV 01	19 MAR 01
	WBAMC	25 NOV 01	26 NOV 01	29 MAR 02	25 JUN 01
	WBAMC	21 APR 02	22 APR 02	09 AUG 02	19 NOV 01
	WBAMC	02 SEP 02	03 SEP 02	20 DEC 02	08 APR 02
	BAMC	26 AUG 01	27 AUG 01	20 DEC 01	19 MAR 01
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	31 AUG 01
	BAMC	16 JUN 02	17 JUN 02	09 OCT 02	16 JAN 02

REMINDER: Officers who are applying for specialty courses need to be aware that there are several factors that are closely evaluated when making the course selections. Officer qualifications, MTF needs, fiscal constraints and personal assignment preferences are a few of the important factors that are thoughtfully considered. Officers should be aware that any time they are coming out of a school (i.e. AOC courses and LTHET) the priority for the follow on assignment is the "utilization tour" while meeting the needs of the MTFs. This is why officers attending AOC producing courses are generally assigned to Medical Centers or large, busy MEDDACs as their follow on assignment.

Naturally, it is always our goal to match up personal preferences, however, sometime that is not always possible. Therefore, if you are applying for a course you must be prepared to accept the follow on assignment as a condition of your acceptance to the course.

Preference statements are part of the application process, be sure that you state any special considerations that you would like us to be aware of when making your assignment. Once the assignments are made it is very difficult to change them.

Assignment Opportunities for 66H Lieutenants

Assignment opportunities GALORE! are available for 66H Lieutenants with at least 2 years Time on Station (TOS), meet HT/WT/APFT standards, willing to PCS, and have chain of command approval. There are openings for 66H LT's in CONUS MEDCENs and MEDDACs as well as OCONUS opportunities to include Korea and Germany. Please contact LTC Charly Hough, PMO for 66H LT's and New Accessions, email houghc@hoffman.army.mil if you are interested. There are also TOE opportunities available.

Assignment Opportunities for Captains

There continues to be great assignment opportunities for Company Grade Army Nurse Corps officers! The Summer 01 PCS cycle identifying vulnerable officers has been sent to each Chief Nurses. By now, the officers that were identified for a Summer move should have received notification through their chain of command. If you think you were overlooked, or have at least two years time on station and would like to be considered for a Summer 01 move, please contact your Chief Nurse immediately so that we can begin planning your next assignment.

There are assignment opportunities at the following locations Summer 01: Fort Polk, LA, 21st CSH, Fort Hood, TX, William Beaumont Army Medical Center, Ft. Bliss, TX, Dwight David Eisenhower Army Medical Center, Ft. Gordon, GA, exotic Korea, Germany, and other TOE assignments! If you are interested and meet the criteria for a PCS, please email MAJ Christine Merna at mernac@hoffman.army.mil

DEPLOYMENT OPPORTUNITIES!!! Several TOE units are on the screen for deployment in FY 01. If you are looking for an assignment with a mobile, field unit contact MAJ Merna for more information at mernac@hoffman.army.mil

Smart Tips from the FRO

By CPT Bob Gahol

We continuously receive calls pertaining to Promotion from 2LT to 1LT. Some officers thought that the promotion "pin-on-point" reverted to 24 months instead of 18 months. We would like to let you know that the promotion "pin-on point" is still 18 months (see Milper Message # 98-140 at PERSCOM online). This action brought us in parity with the current Army Competitive Category program.

When should the 2LT pin on 1LT? Now here is the tricky part. The AR 600-8-29 covers the rules to calculate Promotion Eligibility Date (PED). Examples to compute the PED to 1LT are as follows:

Example #1:

A. If the commission date (2LT ADOR) is: Jan 1999 + 24 months = Jan 2001

B. If Entry on AD (EAD) as 2LT is: Jan 1999 + 18 months = Jul 2000

Then, the Promotion Eligibility Date (PED) to 1LT will be the earlier of the two dates, which is Jul 2000 (18 months from EAD)

Example #2:

A. If the commission date (2LT ADOR) is: Jun 1999 + 24 months = Jun 2001

B. If EAD as 2LT is: Sep 1999 + 18 months = Mar 2001

Then, the PED to 1LT will be the earlier of the two dates, which is Mar 2001 (18 months from EAD)

Example #3:

A. If the commission date (2LT ADOR) is: Jun 1998 + 24 months = Jun 2000

B. If EAD as 2LT is: Jun 1999 + 18 months = Dec 2000*

Then, the PED to 1LT will be the earlier of the two dates, which is Jun 2000 (24 months from EAD / 2nd Anniversary of 2LT ADOR)

*This officer's EAD has a 12-month difference from the commission date, therefore, the officer will be promoted to 1LT 12 months after entering on active duty instead of 18 months. This is based on the second anniversary of his/her 2LT ADOR.

If the officer is flagged for promotion to 1LT after second anniversary of 2LT ADOR, he/she will be separated from the service. Promotion flags are results of APFT failures, not meeting height/weight standards, etc.

For details on "Officer Promotions", you may visit the USAPA WebPages:

http://books.usapa.belvoir.army.mil/cgi-bin/bookmgr/BOOKS/R600_829

INFECTION CONTROL CONSULTANT

JANE POOL, RN, MS, CIC

Greetings! I would first like to recognize and thank MAJ Roger Anderson for his assistance to the Army Infection Control staff. MAJ Anderson has offered invaluable service as a mentor and advocate for all of us in the field of Infection

Control and we wish him every happiness and success as he retires from Military service this summer.

I would like to begin my tenure as the consultant by sharing some highlights from the Society for Healthcare Epidemiology of America (SHEA) conference that I recently attended. This annual meeting emphasizes a scientific and research-oriented

approach and is gaining in popularity with Infection Control Practitioners (ICPs).

The take home message from the SHEA was clear – “Get involved in your facility’s error reduction and patient safety activities.” Needlestick reporting and prevention activities definitely have a role in this activity. Facilities must be in compliance with OSHA’s new requirements calling for the use of devices with engineered sharps injury protection, and the maintenance of a log of sharps-related injuries (Federal Register/Vol.66, No.12; January 18, 2001; page 5318). OSHA has just recently announced a 90-day grace period that extends the compliance date from 18 April to 18 July 2001. Clarification of the degree of compliance with the Needlestick Prevention and Safety Act is that if you have documented a sharps injury in your facility, AND there is a product currently available on the market that would have prevented that injury – it should be brought into use in your facility – unless it can be shown to be harmful to the patient.

Benchmarking for Sharps injuries is best done on a historical basis for your facility. Data is available, but Interhospital Comparison of Sharps injuries has the same inherent flaws as Interhospital Comparison of Nosocomial Surveillance Data and is not currently recommended. Data collection should include the device type (winged steel, hollow, solid, etc) and brand name; exactly how injury occurred; staff job title (OR tech, 91C, RN, phlebotomist, etc.); and the incident location. One hospital carefully opened and inspected the contents of their sharps containers and documented that 80% of the safety devices inside had NOT been activated. Their budget revealed an expenditure of \$300K for those items. (Lesson here is to try to choose the passive type of devices that the staff cannot deactivate or circumvent). Data should be forthcoming on the injuries sustained in relation to the new safety devices.

The CDC will be publishing the new Handwashing Guideline later this year and it will include the statement that artificial nails are contraindicated for staff providing direct patient care - that should stimulate some lively discussion!

Community-acquired methicillin resistant staphylococcus aureus (MRSA) infections are on the rise. There was an interesting presentation of an outbreak among football players with skinned knees and elbows that were sharing towels and razors and acquired MRSA infections that required Vancomycin for a cure.

Hand antisepsis is in! Encourage staff to use the alcohol hand rinse products in lieu of traditional handwashing UNLESS the hands are visibly soiled. Devise creative ways to achieve staff acceptance and sustainment of advances in staff compliance.

The new CDC/HICPAC (draft) Infection Control in the Environment guideline (197 pages) has been published. The waterborne pathogen information will be helpful in developing your facility’s Environment of Care protocol for Legionella. More on this soon -

On a personal note, I am honored to have been selected as the first civilian IC consultant. I am a DoD civilian and have served as the Infection Control Officer for the DeWitt Health Care System located at Fort Belvoir, Virginia since 1994. I have experience in critical care and emergency nursing to include level one trauma, and hold a Masters degree in Quality Systems Management.

In my role as consultant, I am hoping to facilitate Infection Control (IC) program management and development throughout Army facilities worldwide by several strategies:

- Increasing the availability of mentoring opportunities for military ICPS that are new to the field and are serving in a dual or multi-hatted role.
- Addressing IC in the Field - Readiness issues
- Maximizing communication - Army ICP Web site development
- Utilizing available telecommunication systems to increase the frequency of ICP interactions
- Developing a board of IC representatives to facilitate information exchange and ICP support by region
- Identifying subject matter experts
- Developing a strategy to maximize the efforts of the regional product standardization across the board – not re-inventing the wheel.

Next month I will provide a (much more brief, I promise) synopsis of the ARMY Focus Group meeting that will be held at the Association for Professionals in Infection Control (APIC) conference in Seattle in June.

Please feel free to contact me for assistance with your infection control issues. You can reach me via Global Outlook at jane.pool@na.amedd.army.mil or by phone at (703) 805-0044 /DSN 655-0044. I look forward to meeting many of you in our travels!

RESEARCH UPDATE: DEVELOPING A NURSING UNIT-BASED ‘SCORE CARD’ COL Melissa A. Forsythe, AN, Ph.D.

As health care organizations struggle to balance dwindling resources against increasing demands, different methods have been identified to enhance the planning and evaluation processes necessary to maintain this delicate balance. One evaluation method in use is the nursing report card, which employs specific indicators to assess the impact of nursing care on organizational outcomes such as cost, quality, and patient satisfaction. Nursing report cards have been adopted by several prominent professional nursing organizations, most notably the American Nurses Association (ANA) and the California Nurses Association. Together, these groups are collecting data from report cards to construct extensive repositories of nursing-sensitive indicators.

The use of report cards to gauge the efficiency and effectiveness of health care entities isn’t new; essentially, JCAHO has been using a report card format to evaluate organizations for many years. However, nursing report cards

are unique, because they focus on nursing-sensitive indicators to evaluate the outcomes of nursing care. ANA Indicators assess the relationships between how nursing care is organized (the structure) and delivered (the process) on the quality of care (the outcomes). The ANA report card contains 10 indicators: 2 structure indicators such as nursing care hours, 2 process indicators such as nurse satisfaction, and 6 outcome measures, including patient satisfaction.

Results from these report cards are expected to generate powerful insights into the effect of nursing care structure and process on nursing-sensitive outcomes, as well as on overall organizational outcomes. Data compiled by the California Nursing Outcome Coalition (CalNOC) already indicates a relationship between nursing staff skill mix with outcomes such as patient falls, prevalence of pressure ulcers, and ultimately length of stay. This information will have far-reaching effects as it is used by healthcare organizations to plan and evaluate initiatives to enhance patient care.

Another planning and evaluation method used by organizations is the Balanced Score Card (BSC), developed in 1992 by Kaplan and Norton at the Harvard Business School. Originally devised as a cost management method, the BSC has evolved into a strategic planning management tool, assisting organizations to identify and monitor key elements of their performance. Unlike a report card, the elements measured by a BSC are inextricably linked to an organization's guiding strategic plan; the BSC effectively provides a mirror for reflecting the status of progress toward achieving strategic goals. The BSC has been successfully employed in a variety of health care settings in the U.S. and abroad, including Duke University Medical Center, Yale University School of Medicine, and the New Zealand Public Health Service. Duke University Medical Center's Children's Hospital reported a significant decrease in their cost per patient day and an equally significant increase in patient satisfaction just six months after implementing the BSC. Over four years, Children's achieved a remarkable turn-around, decreasing readmission rates by over 40% and improving employee satisfaction by 45%, while also reducing \$29 million in costs – and all without eliminating any staff positions.

The BSC planning process begins with the identification of an organization or service's mission, vision, and values. From these, key processes and functions are then delineated, which in strategic terms means organizational imperatives or goals. Key processes reflect what's important to an organization, and therefore define the direction in which an organization wants to move. These key processes are integrated across four performance perspectives or dimensions: internal (productivity), financial (cost), customer/stakeholder (quality), and innovation/learning. Integration of the key processes with the four perspectives is done using a specific tool called a strategy map. The strategy map yields specific objectives for achieving the goals, measures and targets for monitoring and evaluating achievement, and initiatives needed to set the plan in motion. As each successive level of an organization develops its scorecard, key processes as well as objectives, measures, targets, and initiatives are aligned with those of the next higher level. Aligning scorecards is a means of ensuring

consistency and continuity in planning efforts. Although this is a top-down procedure, individual sections and units can and should customize the scorecard to reflect their unique contributions to the overall organizational and system-wide strategic plan. In fact, Duke Children's Hospital attributed much of its success to the fact that unit leaders were able to customize the BSC to their individual areas.

Last year, The Surgeon General selected the Balanced Score Card as the AMEDD's primary method for accomplishing a systemic approach to strategic organizational planning and evaluation. The Commander, COL Michael Dunn, introduced the BSC to the Walter Reed Health Care System (WRHCS) during subsequent strategic planning sessions. This WRHCS BSC was used as a basis for strategic planning conducted by the Deputy Commander for Nursing, COL Carol Jones, within the Walter Reed Army Medical Center (WRAMC) Department of Nursing. In turn, Department of Nursing's BSC formed the basis for a unit-level score card developed by the Surgical Nursing Section.

In early 2001, the Surgical Section Chief enlisted input from the Chief of Nursing Research in developing a unit-level scorecard. An off-site strategic planning conference was scheduled for the following month. For this planning session, the section's leadership group included 15 staff members: Head Nurses and Ward Masters from the six surgical nursing units, as well as the Section's Chief, Assistant Chief, and Senior NCO. The Chief, Nursing Research, assisted the group as a resource person and adjunct facilitator. Read-ahead packets consisting of the Department of Nursing's Strategic Plan and excerpts from published articles about the BSC were distributed to each attendee before the off-site.

At the section off-site, the group assembled and began the work of constructing a unit-based scorecard. The overarching goal was to produce a product that would be useful at the unit level. Together, group members brainstormed to identify key processes for the units, using the Nursing Department's imperatives as a point of departure. These 14 identified key processes were first discussed, then regrouped, reanalyzed, and collapsed into five major topic areas. The group decided to address only four because of time constraints, with the fifth to be added later. The five key processes included Collaborative Practice and Quality Patient Care; Clinical Competence and JCAHO Compliance; Readiness for Deployment Externally (Worldwide Mobilization) and Internally (MASCAL); Leader Development; and Conservation of Resources.

Once key processes were delineated, the large group divided into smaller groups to focus on the key processes individually. Each small group was tasked with defining two or three objectives, measures, targets and initiatives for one specific key process. Late in the afternoon, the small groups reformed to brief the others on their progress. Products from out-briefing were summarized and discussed as they were presented. As an example of these products, under the key process Collaborative Practice and Quality Care, the group identified one objective as "Multidisciplinary teams that are effective." Targets for this objective include "Discharging

80% of patients within Interqual standards” and “100% participation in Multi-Disciplinary meetings”; measures for these targets will include Discharge data from Utilization Management, in addition to minutes and attendance records from unit meetings. When consensus was achieved for the products from each small group briefing, the group moved on to the next briefing. At the session’s closing, the group agreed on a timetable for drafting and finalizing the entire scorecard.

A final product is expected shortly. However, this effort remains a work in progress, which is expected for scorecards. As the section leadership changes with the departure and arrival of new staff, the scorecard may be adjusted slightly in response. In addition, as issues arise with respect to data collection, and the validity or reliability of certain selected measures, more adjustments may be required. Finally, as new initiatives and/or programs develop at higher echelons, organizational imperatives and key processes may give rise to new processes within the section as well. For example, work is ongoing to ensure that the measures and targets identified for the section’s scorecard are consistent with data projected for collection into the Army Nurse Corps’ Outcomes Database.

Team Members:

Ward 57: MAJ Wanda Jenkins, AN, HN, and SFC John Feltis, NCOIC

Ward 58: MAJ Jennifer Hines, AN, HN, and SSG Mark Ferguson, NCOIC

Ward 65: MAJ Evelyn Sangster-Clarke, AN, HN and SSG Karen Charles, NCOIC

Ward 66: MAJ Ralph Parker, AN, HN, and SGT Djuna Moye, NCOIC

Ward 67: LTC Pamela Williams, AN, HN, and SSG Jesse Bobadilla, NCOIC

Ward 68: MAJ Richard Evans, AN, HN, and SSG Kevin Johnson, NCOIC

Section: COL Melissa Forsythe, AN, Chief; LTC Beulah Nash-Teachey, AN, Assistant Chief; SFC Jorge Morales-Scharon, Senior Clinical NCO

Research: LTC Laura Brosch, Chief

Special thanks to LTC Pat Patrician, AN and CPT Vanessa Worsham, AN for their expert editorial assistance.

OB/GYN Consultant **LTC Ramona Fiorey**

The OB/GYN Competency Validation Program has received MEDCOM approval and will be available 1 JUN 2001. It replaces the old OB/GYN On-The-Job-Training Program and provides an alternative method for ANC officers to acquire the 66G AOC in selected situations. The program is not intended to replace the in-residence OB/GYN Nursing Course. The program can also be used to train civilian RNs in the OB/GYN specialty and for unit orientation and competency documentation. Information about the program eligibility requirements, training sites, curriculum and evaluation as well as supporting documents will be available for downloading from the OB/GYN Nursing Course website at [http://www.tamc.amedd.army.mil/residency/mchc-](http://www.tamc.amedd.army.mil/residency/mchc-he/obgynurse.htm)

[he/obgynurse.htm](http://www.tamc.amedd.army.mil/residency/mchc-he/obgynurse.htm). Questions about the course should be addressed to the Director or Assistant Director of the OB/GYN Nursing Course at (808) 433-6010/ 2546 (commercial), (315) 433-6010/2546 (DSN), or email ramona.fiorey@tamc.amedd.army.mil or mary.carson@tamc.amedd.army.mil.

Updates for clinical practice and patient education:

MTFs that were sites for distribution of the AWHONN publication Every Woman: The Essential Guide for Healthy Living need to renew site applications in order to receive an additional 500 copies for distribution to patients this year. The online renewal application is available at www.nileriverimages.com/awhonn.

Development of a MEDCOM Form for nursing admission assessment of obstetric patients is underway. A draft of the form, MEDCOM 715-R, is available for review. Input is highly encouraged so that we get a product that meets the need for obstetric patient admission assessment in the most efficient and effective manner. If you want to review the form, send me a request with your fax number. (e-mail: ramona.fiorey@tamc.amedd.army.mil).

Departments of Pediatrics and Family Practice at Madigan Army Medical Center (MAMC) recommend Vitamin D supplementation for all exclusively breastfed infants from 0-12 months of age at MAMC. Recent reports in the literature have shown an increase in the incidence of vitamin D-deficient rickets in exclusively breastfed infants, particularly among deeply pigmented infants or in those with inadequate exposure to sunlight. The standard recommended daily dose for vitamin D supplementation is 400 iu/d. This might be a consideration for other facilities, particularly those in geographic areas with less sunshine.

The recently released report on Women and Smoking by the Surgeon General indicates that lung cancer is the leading cause of cancer death among U.S. women. During the 1990s, U.S. women lost an estimated 2.1 million years of life annually as a result of smoking related premature deaths. Despite the serious health consequences, 22 percent of women smoke. In 2000, nearly 30 percent of high school senior girls reported having smoked within the previous 30 days. The progress made in reducing the rate of adolescent smoking in the 1970s and 1980s was lost in the 1990s. Although, smoking during pregnancy has decreased in the last decade, 12.9 – 22 percent of pregnant women smoke. Women are more likely to stop smoking during pregnancy, but only one-third of them remain abstinent one year later. The health consequences of tobacco use among women revealed in the report encompass the life span. Of particular interest is that the dependence of the media on revenues from tobacco advertising has reduced media coverage of the health consequences of smoking among women and muted criticism of the tobacco industry. The report is available at www.cdc.gov/tobacco.

A consumer advisory from the FDA warns that levels of methylmercury found in some varieties of fish can be

detrimental to fetal nervous system development if eaten regularly. The types of fish included shark, swordfish, king mackerel and tilefish. The advisory cautions pregnant women and women of childbearing age who may become pregnant to avoid these varieties of fish. Other varieties of fish are considered safe as long as they are eaten in moderation (12 ounces / week). Additional information about risks of mercury in seafood is available at www.cfsan.fda.gov.

ACOG recommends that all women be screened for domestic violence at each encounter with a health care provider. Too often the screening is not done, or it is done in a way that doesn't elicit honest response from patients. A study published in the March issues of JAMA (Vol. 285 No. 11) highlights the need for more health care provider focus on the issue of domestic violence, particularly for pregnant and postpartum women. This retrospective study done in Maryland found that between 1993 and 1998 the leading cause of pregnancy associated death within one year of delivery or pregnancy termination was homicide. Other studies have identified homicide as a major cause of death for pregnant and postpartum women. Research indicates that a significant degree of violence during pregnancy / postpartum is perpetrated by intimate partners. Many of these women come into contact with the health care system. Surveys of OB/GYN physicians have found that only 17% of women are screened at the initial visit and 10% at check-up visits. When screening and effective interventions are implemented, women report significantly more safety behaviors during and after pregnancy.

None of us have time to surf the net to take advantage of all the good information available, but the following are a couple of websites that are worth a look:

Cultural sensitivity has become an integral part of OB/GYN nursing, yet the kind of information we require to meet the health care needs of patients from other cultures is not as accessible as we would like. The Maternal and Child Health Community Leadership Institute, an initiative by the American Public Health Association, recently made its Cross-Cultural Maternal Health Information Catalog available online. The catalog focuses on unique maternal health cultures of Latin America, Asia and Africa, from which most of the immigrants to the U.S. come. The intended purpose of the catalog is to elicit interest, expand cultural awareness, and increase knowledge of the health cultures of major immigrant groups. References and additional sources are included. The site address is <http://www.apha.org/ppp/red/Intro.htm>.

The National Center for Education in Maternal and Child Health (NCEMCH) website, "Bright Futures" is designed to promote and improve the health, education and well-being of infants, children, adolescents, families and communities. The site offers guidelines for health supervision of infants, children, and adolescents, other publications that can be downloaded, and a link to the CDC for updates on immunizations. Give these sites a look!

Thanks to all of you who provided me with information about your workload issues and statistics. The data will be used

toward the development of updated workload planning factors that should help OB/GYN units more accurately reflect the work they do in the future.

TASK FORCE MEDICAL FALCON IV

LTC Rae Geren

Task Force Med Falcon IV Camp Bondsteel Kosovo is resounding with the voice of nursing. I happen to have the privilege of serving as the current Chief Nurse.

March 2001 brought the mobilization order for the 399th Combat Support Hospital, USAR, Taunton, Massachusetts. The nursing section has a long history of excellence, having been led by LTC Judy Mendelsohn, who unfortunately became ill and was unable to accompany the unit to Kosovo. I was asked to fill some very worthy shoes.

The nursing section was in good working order when I arrived and had begun the organization of a multitude of worthy missions. The mission priorities were guided forth by the Task Force Med Falcon and the Hospital Commander, COL Joyce Humphrey, AN. The first priority is to provide excellent medical treatment for all Kosovo Force (KFOR) multinational troops. The treatment mission is vigorous as seen by 79 inpatient and over 800 outpatient visits over a 30 day period.

Other priorities are falling into place expeditiously. The second challenge is that of maintaining a continuum of training. The training mission requirement from the Task Force is to provide courses on the 91W MOS track. The ANs immediately began utilizing the nursing process. They completed a nursing skills assessment, and organized a training calendar to meet training needs as well as the mission requirements. MAJ Joseph Blansfield, the OIC of EMT and MSG Walter Diaz, Chief Ward Master, organized an EMT course, which is a critical element in the 91W education requirement. All medics and practical nurses in the 399th Combat Support Hospital as well as those of the 407th Ambulance Company will be able to start the class on 8 May 2001. There are plans set to start a Combat Life Saver course for the soldiers of the 101st Airborne Division when they arrive in June 2001. Nursing is contributing as instructors for both classes.

As if these priorities were not enough, the nurses have readily risen to the challenge of many humanitarian missions with enthusiasm. Some of these missions present the challenge of working closely with a variety of cultures. Assessing the needs and delivering quality health care to a community that is torn with the aftermath of a brutal war is a complex task. An additional challenge to each Nurse Corp Officer and NCO is to constantly be an exemplary officer working in a hostile fire zone where there are wounded soldiers from sniper fire and land mines.

Needless to say after only a short period of time into our six-month tour, those who have chosen to accept the mission have experienced numerous rewards. In the upcoming months I would like to share them with you.



The American Association of Critical Care Nurses (AACN) announced it's recipients of the 2001 Circle of Excellence Awards, a program that recognizes the contributions and achievements that exemplify the association's mission, vision and ethic of care.

Among those honored was **CPT Michael Schlicher, of Brooke Army Medical Center. CPT Schlicher received the AACN-Excellence in Education Award.** This award recognizes nurse educators who facilitate the acquisition and advancement of the knowledge and skills required for competent practice and positive patient outcomes in the care of acute and critically ill patients and their families. CPT Schlicher was one of only three educators nationwide to receive this award.

LTC Pat Patrician, AN received the prestigious "Outstanding Student Presentation Award" at the 13th Annual Scientific Session of the Eastern Nursing Research Society Meeting held 1-3 April, 2001 in Atlantic City, New Jersey. LTC Patrician's presentation was "Multiple Imputation for Missing Data," a statistical method for addressing missing data in survey research. Congratulations, LTC Patrician!!!!!!!!!!!!!!!!!!!!!!

2LT Jill Gash from Bassett Army Community Hospital, Ft. Wainwright, AK

Every year the International Council of Military Sports (CISM) conducts an international military championship in one of ten different athletic disciplines. These championships represent the best military athletes from around the world. Every four years, military athletes from around the world come together to promote 'Friendship through Sport' at the second largest amateur sporting event in the world, the CISM World Military Games. The USA had the honor of hosting the Games in March 2001 in Vermont. 2LT Jill Gash, AN was one of two US skiers selected as a member of the US Military Alpine Ski Team and raced in the Women's Giant Slalom. USA MEDDAC-AK is proud to have such an athlete on our MEDDAC Team!

ATTENTION ALL!!!

AMEDD JOURNAL SEEKS ARTICLES FOR DESERT SHIELD/STORM ISSUE

The U.S. Army Medical Department Journal is planning a 10th anniversary commemorative issue devoted to AMEDD

operations and their impact during Operations "Desert Shield"/"Desert Storm."

Among the featured authors will be MG Kevin C. Kiley, Commander, U.S. Army Medical Department Center and School and Fort Sam Houston, former Commander of the 15th Evacuation Hospital during the Gulf War. Manuscripts dealing with clinical and non-clinical areas of interest will be considered for publication by the Journal's Editorial Review Board. Deadline for submission of manuscript material is 27 Aug 01 to the Journal's Editor at bruce.nelson@cen.amedd.army.mil.

100th Anniversary Ball Photos

A CD is now available for purchase for \$10.00 to view all the photos that were taken during the 100th Anniversary celebration. See the attached order form from Sean Brennan, the photographer for the event. The photos can be viewed at the following address. <http://fotografix.photorelect.com>

Now I Lay Me Down to Sleep

Growing up, I wanted to be a doctor, but money was scarce so I went to nursing school. In 1966, during my senior year, an Army Nurse Corps recruiter came to talk to us. It all sounded so exciting; I would have a chance to travel, it paid well and most importantly, I was assured that I wouldn't have to go to Vietnam if I didn't want to - which I didn't.

I signed up and after basic training, was assigned to Letterman Hospital at the Presidio of San Francisco. During my two years at Letterman, I received orders for Vietnam three times. The first two times I said no. But the third time, I decided that my two years of experience would probably be a huge asset over there.

We landed in Tan Son Nhut Air Base and when the airplane door opened, I nearly fell backwards, overwhelmed by the heat and the stench. Suddenly all my experience seemed trivial. Being 23 years old seemed very young. I was scared, but there was no turning back.

After our debriefing, I was assigned to the 67th Evac Hospital in Qui Nhon. When the helicopter landed on the hospital tarmac, they set my things onto the ground. I climbed out, straightening my skirt. The soldiers in the helicopter yelled, "Good luck, Captain," as they took off.

I was in my class A uniform, which meant I was also wearing nylons and high heels. Nothing could have been less appropriate for the surroundings. Miles of barbed wire topped by concertina wire encompassed the hospital compound and the large adjoining airfield, along with acres of hot concrete. I squared my shoulders and marched inside the grim cinder block building in front of me. I was told to get some sleep, because I started tomorrow. I gratefully fell into a bed and in the morning, donned my hospital uniform - fatigues and army boots just like the soldiers.

Because I was a Captain, I was made Head Nurse on the Orthopedic Ward, which primarily held soldiers with

traumatic amputations. I took my role very seriously and had a reputation for strictness.

Although I had been a nurse in the States for two years, it did not adequately prepare me for Viet Nam. I witnessed a tremendous amount of suffering and watched a lot of men die. One of my rules was that nurses were not allowed to cry. The wounded and dying men in our care need our strength, I told them. We couldn't indulge in the luxury of our own feelings.

On the other hand, I was always straight with the soldiers. I would never say, "Oh, you're going to be just fine," if they were on their way out. I didn't lie.

But I remember one kid that I didn't want to tell. The badly wounded soldier couldn't have been more than 18 years old. I could see immediately that there was nothing we could do to save him. He never screamed or complained, even though he must have been in a lot of pain.

When he asked me, "Am I going to die?" I said, "Do you feel like you are?"

He said, "Yeah, I do."

"Do you pray?" I asked him. "I know 'Now I lay me down to sleep.'"

"Good," I said, "that'll work."

When he asked me if I would hold his hand, something in me snapped. This kid deserved more than just having his hand held. "I'll do better than that," I told him.

I knew I would catch flak from the other nurses and corpsmen as well as possible jeers from the patients, but I didn't care.

Without a single look around me, I got onto the bed with him. I put my arms around him, stroking his face and his hair as he snuggled close to me. I kissed him on the cheek, and together we recited, "Now I lay me down to sleep, I pray the Lord my soul to keep, If I should die before I wake, I pray the Lord my soul to take."

Then he looked at me and said just one more sentence, "I love you, Momma, I love you," before he died in my arms - quietly and peacefully - as if he really were just going to sleep.

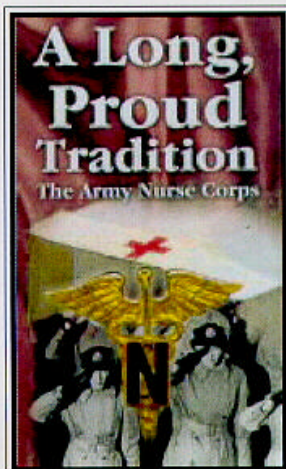
After a minute, I slipped off his bed and looked around. I'm sure my face was set in a fierce scowl, daring anyone to give me a hard time. But I needn't have bothered. All the nurses and corpsmen were breaking my rule and crying silently, tears filling their eyes or rolling down their cheeks.

I thought of the dead soldier's mother. She would receive a telegram informing her that her son had died of "war injuries." But that was all it would say. I thought she might always wonder how it had happened. Had he died out in the field? Had he been with anyone? Did he suffer? If I were his mother, I would *need* to know.

So later I sat down and wrote her a letter. I thought she'd want to hear that in her son's final moments he had been thinking of her. But mostly I wanted her to know that her boy hadn't died alone.

By Diana Dwan Poole Reprinted by permission of Diana Dwan Poole © 1998, from the new *Chicken Soup for the Veteran's Soul* by Jack Canfield, Mark Victor Hansen and Sid Slagter.

ARMY NURSE CORPS CENTENNIAL COMMEMORATIVE ITEMS



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**The Army Nurse Corps
1901-2001**

"THE SPIRIT OF NURSING"

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Yes, please send me the following Nurse Corps items. Make check payable to:
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